

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>7534</i>	
O.I.P.E. CLASSIFIER	<i>M</i>		<i>7-14-02</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>5915</i>	<i>8/24/02</i>

09/606,678

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 stapl additional sheet h r

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